

Brisbane Mind: Referral to Psychologist

Please forward referral electronically or by fax directly to the psychologist.

Referral date: ____/____/____

Dear [Psychologist name, address and fax]

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Please accept _____ [Patient Name], DOB ____/____/____

as a Brisbane MIND referral in relation to _____ [mental health diagnosis].

Other comments:

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This patient has consented to be a part of Brisbane MIND, has been given your contact details and will be contacting you shortly to arrange a first session appointment.

Based on the GP Mental Health Treatment Plan/Review, please provide focused psychological strategies or psychological therapies as you see fit (Diagnostic assessment; Psycho-education; Cognitive Behavioural Therapy; Relaxation Strategies; Skills Training or Interpersonal Therapy).

This patient expects to pay a \$15 co-payment for each treatment session, unless the patient is homeless, is an Aboriginal or Torres Strait Islander or peri-natal referral, in which case the patient contribution is nil (the Metro North Brisbane Medicare Local pays full cost).

You will be forwarded an official purchase order from the Medicare Local authorising provision of the above services. Payment for your services will only be made if an official purchase order has been generated. It is therefore advisable to wait until this purchase order is received before providing treatment. Phone the Medicare Local on 07 3630 7339 if you haven't received the purchase order within a couple of days.

Please forward me a brief Psychological report for this patient upon completion of the sixth session and invoice the Medicare Local for these sessions fortnightly or monthly.

Please encourage the patient to phone and make an appointment to see me for the GP Mental Health Treatment Review.

Yours sincerely

GP **Address**

Phone **Fax**